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CONFIRMATION NO. 9115

<b>SERIAL NUMBER</b> 09/371,333	<b>FILING OR 371(c) DATE</b> 08/10/1999 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 98-10D1
<b>APPLICANTS</b> WEN-FENG XU, MUKILETO, WA; SCOTT R. PRESNELL, SEATTLE, WA; DAVID P. YEE, SEATTLE, WA; DONALD C. FOSTER, SEATTLE, WA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/053,866 04/01/1998 PAT 6,111,075				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/25/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 28
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> DEBRA K LEITH ZYMOGENETICS INC 1201 EASTLAKE AVENUE EAST SEATTLE, WA98102				
<b>TITLE</b> PROTEASEACTIVATED RECEPTOR PAR4 (ZCHEMR2)				
<b>FILING FEE RECEIVED</b> 1294	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	